

CLAIMANT'S NAME				SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Francisco Castillo						Communications	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU		INDEX NUMBER	
Deputy Press Secretary							
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
State Capitol							
CITY		STATE		CITY		STATE	
Sacramento		CA				ZIP	
		95814					

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
26-Mar	6 15AM	SAC -LA					/ 6 00	/ 349 40		/ 7 00	10	4 45		366 85
27-Mar	8 45PM	LA - SAC	/ 125 54	/ 6 00			/ 100 44		/ 43 00	10	4 45	/ 11 01	290 44	
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SUBTOTALS			125 54	6 00	0 00	0 00	6 00	449 84	0 00	50 00	20	8 90	11 01	
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL												\$657.29		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

3/26-27/10: Staffed First Lady's WE Connect Weekend event in LA

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

D. Focus on vehicle safety and seat belt usage

DATE _____

SIGNATURE OF _____

SIGNATURE OF TITLE OF AUTHORITY FOR

DATE _____

4/22/10

DATE _____

DATE 4/22/10